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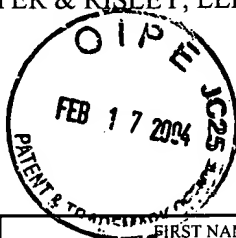
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Scott Horstemeyer

02/05/2004

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Stephanie Riley	(Depositor's name)
<i>Stephanie Riley</i>	(Signature)
2/12/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,679	03/30/2001	Rahul Magoon	050321-1880	6113

TITLE OF INVENTION: SYSTEM FOR IMPROVING THE PARASITIC RESISTANCE AND CAPACITANCE EFFECT OF A TRANSISTOR-BASED SWITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, HIEP	2816	327-382000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Thomas, Kayden,
2. Horstemeyer & Risley,
3. LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Skyworks Solutions, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Newport Beach, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies Ten (10)

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Scott A. Horstemeyer

(Authorized Signature)

(Date)

02/19/2004 HLE444 00000064 09823679

01 FC:1501
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